

**MARICOPA ASSOCIATION OF GOVERNMENTS**  
**FY 2007 PM-10 CERTIFIED STREET SWEEPER PROJECT REQUEST FORM**  
 August 2006

<b>1. NAME OF AGENCY:</b>	<b>2. CONTACT PERSON:</b>
<b>3. MAILING ADDRESS:</b>	<b>4. TELEPHONE:</b>
<b>5. FACSIMILE:</b>	<b>6. E-MAIL:</b>

**FUNDING INFORMATION:** Please attach an itemized budget for proposed project. Additional costs for equipment beyond the specifications necessary for compliance with Rule 1186- certification are not eligible for reimbursement.

**7. Federal CMAQ funds requested:**

**8. Local cash match (minimum 5.7% required) for CMAQ eligible portion of project:**  
 Source of local cash match:

**9. Total project cost:**

**METHODOLOGY INFORMATION:**

**10. Sweeping cycle length (measured in days between sweepings) for the requested sweeper:**

arterials \_\_\_\_\_ collectors \_\_\_\_\_  
 residential streets \_\_\_\_\_ other (specify) \_\_\_\_\_

**11. Lane miles to be swept per cycle by the requested sweeper:**

arterials \_\_\_\_\_ collectors \_\_\_\_\_  
 residential streets \_\_\_\_\_ other (specify) \_\_\_\_\_

**12. Average weekday traffic *per lane* to be swept by the requested sweeper:**

arterials \_\_\_\_\_ collectors \_\_\_\_\_  
 residential streets \_\_\_\_\_ other (specify) \_\_\_\_\_

**13. The requested PM-10 certified street sweeper will (please check all that apply):**

☐ replace a noncertified street sweeper      ☐ expand service area      ☐ increase sweeping frequency

**14. If "expand service area" was checked in question #13, please provide the number of previously unswept lane miles to be swept by the new sweeper:**

arterials \_\_\_\_\_ collectors \_\_\_\_\_  
 residential streets \_\_\_\_\_ other (specify) \_\_\_\_\_

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**15.** If "increase sweeping frequency" was checked in question #13, please provide the previous cycle length (measured in days between sweepings).

arterials \_\_\_\_\_

collectors \_\_\_\_\_

residential streets \_\_\_\_\_

other (specify) \_\_\_\_\_

**SUPPLEMENTAL INFORMATION:**

**16.** Have local resources been committed for additional staff or equipment to support the PM-10 certified street sweeper?

☐ yes      ☐ no

If yes, please provide details (e.g., number, type and cost of employees, equipment, and maintenance).

**17.** Will the requested certified street sweeper be used to sweep streets adjacent to a PM-10 monitor? Please indicate in what geographical area(s) the requested certified street sweeper will operate (e.g., Glendale Ave. to Thomas Rd.; 19<sup>th</sup> Ave. to Central Ave.) and provide a map of the area to be swept by the proposed sweeper.

**18.** Please indicate if your agency would be willing to provide MAG with additional information on the requested PM-10 certified street sweeper.

☐ yes      ☐ no

**19.** Please indicate the total number of sweepers currently owned and operated by your agency for sweeping streets.

PM-10 certified: \_\_\_\_\_

Noncertified: \_\_\_\_\_

**20.** Does the requested sweeper satisfy a commitment by your agency in the Revised MAG 1999 Serious Area Particulate Plan for PM-10 for the Maricopa County Nonattainment Area or the Revised PM-10 State Implementation Plan for the Salt River Area?

☐ yes      ☐ no

**Electronic Download Information:** This street sweeper project request form was created in Microsoft Word and may be downloaded from the MAG website at [www.mag.maricopa.gov](http://www.mag.maricopa.gov). **MAG Contact Information:** If you have any questions, please contact Dean Giles at (602) 254-6300 or [dgiles@mag.maricopa.gov](mailto:dgiles@mag.maricopa.gov).

**Please submit completed project request forms by September 8, 2006 to:**

Maricopa Association of Governments  
 Attn: Dean Giles  
 302 N. 1<sup>st</sup> Ave. Ste. 300  
 Phoenix, AZ 85003